

AOPO

Association of
Organ Procurement
Organizations



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Executive Director

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

OK to Cortina
1/25/06

July 7, 2005

THIRD PARTY SUBMISSION UNDER 37 C.F.R. § 1.99

Dear Commissioner:

The Association of Organ Procurement Organizations is submitting the enclosed publication for consideration under 37 CFR 1.99 for examination in connection with the U.S. Patent Application No. 10/813,918, filed March 31, 2004 in the name of Robert Michael Kalthoff et al.

Publication for consideration:
AOPO Update, Volume 9, Number 3, April, 1994.

Pursuant to 37 C.F.R. § 1.99 and 1.17 (p), you will find the enclosed check for \$180 written out to the Commissioner for Patents.

Sincerely,

Paul M. Schwab
Executive Director

Enclosures

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JUL 18 2005

GROUP 3600

07/12/2005 SZEWDIE1 00000031 10813918

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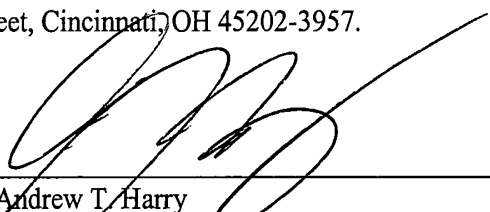
IN THE UNITED STATES PATENT & TRADEMARK OFFICE

IN RE APPLICATION OF :
ROBERT KALTHOFF ET AL. : EXAMINER: TOMASZEWSKI, M.
SERIAL NO: 10/813,918 :
FILED: MARCH 31, 2004 : GROUP ART UNIT: 3626
FOR: SECURE NETWORK GATEWAY :
FOR ACCESSIBLE PATIENT DATA
AND TRANSPLANT DONOR
DATA

CERTIFICATE OF SERVICE

This is to certify that a copy of the Third Party Submission Under 37 C.F.R. § 1.99,
which is enclosed herewith, was sent via First Class U.S. Mail on July 8, 2005, to Taft, Stettinius
& Hollister LLP, Suite 1800, 425 Walnut Street, Cincinnati, OH 45202-3957.

Dated: July 8, 2005



Andrew T. Harry
Registration No. 56,959

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AOPO *Update*

For the Advancement of Organ Procurement

A Report from the President ***Diana L. Clark***

April 1994

Volume 9, Number 3

The Executive Office Decision Saga:

Late in March, I sent an update to each member OPO. Well, I am still the "acting" Executive Director.

Five Request For Proposals have been sent to association management firms. As I indicated, the firms are variable in size. To date (late April), we have received three proposals. I will be analyzing the proposals and then create a summary for the Executive Committee.

The unknown is how to provide what you, the AOPO members, want and expect at a cost that each member is willing to support. I have yet to discover quality without cost. The known is that you want a strong central influence in the transplantation community. Your Executive Committee is striving to match the known with the unknown.

I often rely on the wisdom of others; I am an avid reader and listener. Perhaps there is wisdom in some of author Warren Bennis' books:

"Whatever shape the future takes, the organizations that will succeed are those that take seriously—and sustain through action—the belief that their competitive advantage is based on the growth and development of the people in them. And the men and women who guide those organizations will be a different kind of leader than we've been used to. They will be maestros, not masters; coaches, not commanders."

This is, indeed, an important decision!

I would appreciate your taking a few minutes to write or call and provide me your concerns and suggestions about this decision, one which will greatly affect our future.

OPO Performance: The Team and the Task

There are numerous important and influential activities, projects and programs accomplished through AOPO. However, perhaps one of the most important projects

for our future is the OPO Performance Standards Task Force. This project will establish the benchmarks for our OPOs.

To assemble such a TEAM and work collaboratively with UNOS will further our collective efforts to provide leadership in the transplant community. The named leadership for the Task Force have quite a "Task" before them. There is no doubt they are up to this challenge. As we keep you up to date on activities, as we ask for information from you, and as we move quickly through this project . . . please get involved and be an integral part of the Task Force's success.

Work plans and priorities have been established for the new OPO Performance Task Force, a joint project of AOPO and UNOS. Over the next few *AOPO Updates*, we will look at various aspects as well as the progress of the project.

The Team:

While the scope of the project is immense, a dynamic team has been assembled and is equal to the task. Committee Co-chairs are Rebecca Davis Standridge and Bill Pfaff, MD. Task Force members include:

OPO Executive Directors

Lori Brigham, Washington Regional

Transplant Consortium

Susan Gunderson, LifeSource

Dennis Heinrichs, LifeLink

Lloyd Jordon, Carolina Organ Procurement Agency

continues on page 2

Inside This Issue

- Eye Bank Statistics
- AOPO Donor Form
- Committee Updates

National Organ and Tissue Donor Week New Jersey Family Honored

Newton, New Jersey resident Walter Traenkle and his wife Donna joined nearly 100 donor family members from around the nation in Washington, D.C., April 16-17, during National Organ and Tissue Donor Awareness Week (NOTDAW) to commemorate loved ones who were organ and tissue donors.

Walter Traenkle turned the tragedy of his son's death into something positive by improving the lives of others. Knowing that 40 people benefited from the tissues of his 23-year-old son prompted Traenkle to spread the word about the lifesaving possibilities of organ donation. He founded "Project Awareness" with support from his local Knights of Columbus Chapter and the statewide organization. Project Awareness, which is a program offered free of charge to community representatives, presents the facts about organ donation and transplantation and is supported by real life success stories. This program is the first of its kind in the nation, according to Traenkle.

Donor families were welcomed to Washington, D.C. on Saturday evening, April 16, with a reception and program. On Sunday, April 17, they were honored guests at the National Donor Recognition Ceremony in the Great Hall of the Hubert H. Humphrey Building, U.S. Department of Health and Human Services. Assistant Surgeon General Dr. Kenneth P. Mortsugu, a do-

nor husband, served as Master of Ceremonies. Loved ones were honored with music and remarks from donor families, transplant recipients and representatives of national transplant organizations.

1994 AOPO Donor Form is Now Available

The Special Projects Committee has now completed their revisions to the AOPO Donor Form. The form has been approved by the AOPO Executive Committee and is now available to the membership. AOPO encourages all its members to use the AOPO Donor Form. This will help in the standardization and collection of data on all donors nationwide. A copy of the form is available on diskette by submitting a written request to Mary Ellen Hanssen in the AOPO offices. Thanks to all the members of the AOPO Special Projects Committee and the 34 OPOs that provided input into the revision of this form.

PLAN TO ATTEND!

The 1994 AOPO Annual Meeting

Westin-Galleria Dallas

Dallas, Texas

June 8-10, 1994



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*Be an organ donor . . .
it's the chance of a lifetime!TM*

OPO Performance continued from page 1

Rich Luskin, New England Organ Bank
 Ken Richardson, Kentucky Organ Donor Affiliates
 Paul Volek, Wisconsin Donor Network
 Phyllis Weber, California
 Transplant Donor Network

OPO Medical Directors and Transplant Surgeons

H. Keith Johnson, MD, Tennessee Donor Services
 Thomas Kirby, MD, UNOS Thoracic Committee
 James T. Mayes, MD, LifeBanc of Ohio,
 UNOS OPO Committee
 John Roberts, MD, UNOS OP&D Committee

and other individuals selected for their particular areas of interest and expertise:

Remy Aranoff, DOT
 Carol Beasley, Partnership for Organ Donation
 Barbara Bernhard, OPO Finance, Indiana
 Organ Procurement Organization
 Sue Dunn, Hospital Development, Colorado
 Organ Recovery Systems
 Roger Durand, PhD, Public Policy,
 University of Houston
 Dennis Rager, UNOS Patient Affairs
 Maureen Townsend, RN, Hartford OPO, ASMHTP

UNOS Staff

Leah Bennett
 Lin McGraw
 Dan Stockdreher

While this is certainly a large group, a depth and breadth of experience and disciplines is necessary to address the many facets of the project. Smaller work groups will be utilized to manage the process.

The Task:

Phase I of the project involves an analysis of various population and mortality data bases to determine the appropriate denominator for donor activity measures. Demographic variables such as age, race, sex and cause of death will also be examined. Sources of data to be utilized have been reviewed and selected and include: Census and census estimates by the Bureau of Census, mortality by multiple causes from the National Center for Health Statistics, and accident rates from the FAARS data base. A limited sample of state and OPO data was accumulated and reviewed to test assumptions and design future analyses.

Verification of OPO service areas (designated versus actual) is currently underway. For many OPO directors, this has been a real project as the project spans from 1988 to 1993. Based upon early returns of this data, there are many exceptions to HCFA designated service areas, a circumstance which must be factored into the performance standard equation. A big THANKS to all of the OPO directors and staff who turned this data request around so quickly!!!

Phase I is designed to develop OUTCOME measures. Outcome measures are the more traditional measures such as donors and organs per million, donors per hos-

pital deaths, etc. The final step of Phase I will be to merge the various population and mortality data bases with service area and donor activity to determine the validity of any selected denominator and come up with either *THE ANSWER(S)* or more *questions*. Las Vegas is not posting odds at this time.

In the next issue of *AOPO Update*, Phase II of the project, which includes an analysis of OPO disciplines and identification of factors which impact OPO performance will be discussed. Stay tuned.

VitalInk

VitalInk is a look into the future for procurement and transplantation. It employs technology that many in our field have scarcely heard of. This technology takes portable computing a couple of steps further.

This computer software development project is being supported by UNOS, and piloted by six OPOs nationwide. These OPOs will continue the current field tests through May, 1994. They include Indiana Organ Procurement Organization, Regional Organ Bank of Illinois, Northwest Organ Procurement Agency, Shands University Hospital at the University of Florida, Delaware Valley Transplant Program and New York Regional Transplant.

The concept allows a procurement coordinator to perform donor managements at the bedside, collecting data in an automated fashion, and transferring that data in various forms to necessary persons with just a couple of key strokes. Portable computer equipment, enhanced by pen-based technology, is the technological tool; and radio transmission is the communication mechanism.

The first phase of this project, which automates the multiple-page AOPO donor chart, was implemented in field testing in March, 1994. Fall 1994 is the target for overall implementation of this piece. Additional phases of the project will:

- (1) explore alternatives for communicating necessary donor chart data "on-line," "real time" to others in order to facilitate organ placement;
- (2) give consideration to the automation of other critical data collection forms used in our industry; and
- (3) seek ways to enhance overall data collection, data sharing and data reporting.

For additional information about this very critical project, watch future publications of this newsletter . . . "other" industry publications . . . contact David Klein or Scott Hall at UNOS.

Leadership is a verb, not a noun. Leadership is defined by what you do, not who you are. Leaders are those whom others follow.

Bill Gore, founder of W.L. Gore & Assoc.

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Executive Director

Organ Procurement Agency Sacramento, California

A challenging position is available for a talented administrator in the emerging field of organ procurement. Responsibilities include coordinating activities, developing strategies for agency-hospital cooperation, formulating job descriptions and compensation programs, coordinating financial responsibilities and overseeing data collection. You should have hospital or related administrative experience which includes familiarity with finance and Medicare reimbursement and marketing knowledge. A nonprofit orientation, strong problem solving, strong managerial skills, and ability to resolve conflicts are essential. Experience in organ procurement field would be preferable, as would computer literacy. For this highly visible position, we offer a competitive salary and comprehensive benefits.

Please send resumé to:

Regina Workman
1600 Hayes Street, #300
Nashville, TN 37203
(615) 329-2513 (FAX)
An Equal Opportunity Employer

Meetings

May 11-13, 1994

*Interaction Strategies: Transplant
Coordinators as Educators Workshop*

Location: Omni Netherlands Plaza,
Cincinnati, Ohio

September 14-16, 1994

*Interaction Strategies: Transplant
Coordinators as Educators Workshop*

Location: Sheraton Old Town Hotel,
Albuquerque, New Mexico

October 17-18, 1994

*Successful Interviewing and Hiring of
Procurement Coordinators Workshop*

Location: Embassy Suites, Dallas, Texas

*For more information about all the
workshops listed above contact:*

UNOS Education Department at
(804) 330-8541

Attention Recovery Coordinators

Unique Opportunity Available

Challenging position for independent, self-directed and highly motivated health care professional. Responsibilities include hands-on evaluation and management of organ and tissue donors and coordination of surgical recovery procedure. Design and implementation of educational programs are an integral part of the position. Positions available in Shreveport, Alexandria and New Orleans. Minimum experience: Two years in ICU, OR or ER.

Resumés only to:

Robert Wilson
Louisiana Organ Procurement Agency,
3501 North Causeway, Suite 940
Metairie, LA 70002

Executive Director**Organ Procurement Agency
Sacramento, California**

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1994 U.S. Transplant Games

Spokespeople Selected for National Kidney Foundation Sports Event

The diverse worlds of sports and soap operas may not appear to have much in common, but they are about to unite in a team effort to promote a dramatic sports event that celebrates a second chance at life.

Olympic speedskater Kristen Talbot and "General Hospital" star Shell Kepler have been named National Spokespeople for the National Kidney Foundation 1994 U.S. Transplant Games. This four-day, Olympic-style athletic competition promises to be the largest-ever gathering of transplant athletes—those individuals who have received life-saving organ transplants.

The biennial event, scheduled to take place August 3-7, in Atlanta, Georgia, features 13 different sports including golf, tennis, track and field, bicycling and "3 on 3" basketball. The event is expected to attract more than 1,200 participants and thousands more in family, friends, spectators and supporters.

Both Talbot and Kepler have personal reasons for lending their time and support to this event. Talbot, who donated life-saving bone marrow to her brother just weeks before competing in this year's Winter Olympics in Lillehammer, shrugs off any talk of heroism. "It was an easy decision to donate," she said. "Skating is great, but saving my brother's life is what's really important."

Kepler, who for 14 years has portrayed the bouncy Nurse, Amy, on the popular ABC-TV soap opera, nursed her brother through more than 10 years of kidney disease before their father became his donor. "I have seen first hand the life-restoring therapy of organ transplantation and want to help others experience that rebirth. I'm confident this event will increase awareness and move people to become organ donors," commented Kepler.

Both Talbot and Kepler will be appearing at Opening Ceremonies in Atlanta on August 4, as well as presenting gold, silver and bronze medals to competitors.

Stadtlanders Pharmacy, a nationwide medication delivery and insurance billing service dedicated to serving the needs of over 10,000 transplant recipients, is the primary sponsor of the National Kidney Foundation U.S. Transplant Games. Associate sponsor is Sandoz Pharmaceuticals Corporation, makers of Sandimmune® (cyclosporine), an anti-rejection drug that enhances long-term patient stability following transplant surgery.

The National Kidney Foundation, the nation's largest voluntary health agency dedicated to preventing, treating and curing kidney and urinary tract diseases, is equally committed to ensuring that each of the 33,000 Americans currently awaiting a life-saving transplant receives one.

Eye Bank Association of America Releases 1993 Statistics

Eye Bank Association of America (EBM) eye banking statistics for 1993 indicate that reporting eye banks provided 42,469 corneas for sight-restoring transplant operations. This represents a slight increase over last year's total of 42,377. In the U.S., eye banks provided tissue for over 40,653 corneal transplants.

The 1993 statistics show total corneal and whole eye donations of 95,595. This represents an increase in 3.6 percent over last year's reported figure of 92,256, with only 111 banks responding, down one from last year. The average increase in donations for individual eye banks was 14.1 percent, or an average of about 31 corneas per bank.

Forty-five percent or 43,123 tissue donations were used by ophthalmologists in corneal grafts and epikeratophakia surgical procedures, with hospitals as the major source. Tissue used to research eye disease and blindness totaled 39,616.

1993 Eye Banking Totals

111 Eye Banks Reporting

	Donations			
	1990	1991	1992	1993
Whole Eyes	57,250	58,170	59,557	56,953
Corneal Only	28,826	31,807	32,699	38,642
All Donations	86,076	89,977	92,256	95,595

	Uses			
	1990	1991	1992	1993
Corneal Grafts	40,631	41,393	42,377	42,469
Epikeratophakia	2,840	2,010	1,890	1,160
Research/Training	38,364	40,239	34,993	39,616
Discarded*	3,669	5,219	7,294	8,384

*Includes eyes not used because of medical/safety reasons, such as positive tests for infectious diseases.

Number of persons on waiting lists for corneal tissue nationwide, as of December 31, 1993 is 5,829.

Annual Number of Corneal Transplants 1980-1993

1980	14440	1988	36900
1981	15509	1989	38464
1982	20119	1990	40631
1983	21250	1991	41393
1984	24869	1992	42377
1986	31340	1993	42469
1987	35390	Total	434077

LifeShare Introduces a Full Service Eye Bank

LifeShare Of the Carolinas will administrate a full service eye bank, effective May 1, 1994. The operation will include the recovery, processing and distribution of donated eye tissue within the LifeShare service area.

As an independent eye bank, LifeShare will be better able to control acquisition costs, while maintaining the highest standards of tissue quality. Service will be provided on a 24-hour basis by certified eye bank technicians and professional staff. Dr. Edward K. Isbey, III, is the medical director for the eye bank in Western North Carolina. The medical director for the Charlotte area is Dr. David N. Ugland.

LifeShare, historically, has provided support for the implementation of routine requests when offered by hospitals, giving families the option to donate organs and tissues in compliance with federal and state laws. LifeShare will continue the practice of a single contact approach with bereaved families, emphasizing discretion and sensitivity.

LifeShare is a nonprofit organ and tissue procurement organization based in Charlotte North Carolina, with a satellite location in Asheville.



AOPO Local Donor Survey (By FAX Machine)

Data & Information Management Committee
Theresa Daly and Howard Nathan,
Survey Coordinators

March 1994 Results

Participating OPOs 63
Total Population Base Reported 235.2 million
Total Donors Recovered 430 (3 NHB)

	# Locally Recovered		# Locally Recovered That Were Transplanted	
	Recovered	(#NHB)	Anywhere	(#NHB)
Kidneys	792	(6)	707	(4)
Hearts	191	n/a	187	n/a
Livers	345	(0)	305	(0)
Pancreas	96	n/a	86	n/a
Ht./Lungs	9	n/a	9	n/a
Lungs	87	n/a	65	n/a
Total Organs	1520	n/a	1359	n/a
Ht. Valves	63	n/a	n/a	n/a
Pancreas Research	60	n/a	n/a	n/a

ad hoc Medical Examiner Issues Committee

Chairperson: Teresa Shafer, RN, MSN, CPTC

The AOPO report on medical examiner issues originally released in October, 1993, will be reissued to all executive and medical directors within the next two months due to changes that were made after the initial distribution. Minor changes were made in the tables reporting donor composition by OPOs. More importantly, due to varying reporting by OPOs each year, the initial calculations for percentage of organ donors that were medical examiner cases were incorrect. The corrected information will appear as follows in the final AOPO report:

Percentage of Organ Donors that were Medical Examiner Cases

1990:	62.1
1991:	62.5
1992:	61.9

(Previously reported statistics were 50.7, 50.4 and 54.0 percent, respectively.)

The Committee is in the process of developing a one-page survey to distribute to AOPO members to determine the number of medical examiner cases of potential organ donors that were denied in 1993. This will update the data gathered in the previous report and enable us to report statistics for four years, 1990-1993.

Diana Clark, President, AOPO; Lori Brigham, Executive Director of Washington Regional Transplant Consortium; and Teresa Shafer, President, NATCO were interviewed by a *Journal of the American Medical Association (JAMA)* reporter for a two-page commentary on organ release practices by medical examiners that appeared in the March 23/30, 1994 issue of *JAMA*. The title: "Can Forensic Medicine and Organ Donation Co-exist for the Public Good?" The author's first question: "IS GIVING 100% too much to ask?"

Additionally, the New Jersey Sudden Infant Death Syndrome (SIDS) case in March that was denied by the medical examiner made headlines in the Philadelphia Inquirer: "At last minute, three babies are denied donor organs," with the sub-headline: "Surgeons had to turn back. The state medical examiner had just turned parents' joy to tears." The Associated Press picked up the story and newspapers throughout the country printed the story.

AOPO, NATCO, ASTS and UNOS will be meeting this spring with representatives of the National Association of Medical Examiners (NAME) to discuss the National Guidelines which were drafted after a September, 1993 meeting. Hopefully, the principals in this meeting will be able to work out the issue of protection of forensic evidence and recovery of organs in order that this issue not continue to be played out in the media.

CONFIDENTIAL DONOR FORM

DONOR IMPRINT

☐ Local ☐ Non Local☐ Organ Referral Only ☐ Tissue Referral Only ☐ Organ & Tissue Referral ☐ Consented But Not Recovered ☐ Recovered
Import/Pay Back from _____ Telephone No.: _____OPO # _____ UNOS ID# _____ Med Rec# _____
Recovery Date ____/____/____ Coordinator Name: _____

DONOR INFORMATION

Donor Hospital _____ Provider No. _____ Hosp. Unit _____
City/State _____ Zip Code _____ Telephone # (____) _____
Date/Time Admission ____/____/____ : ____ (am/pm) Facsimile # (____) _____
Date/Time of Referral ____/____/____ : ____ (am/pm) Referring Person _____
Date/Time of Arrival ____/____/____ : ____ (am/pm) Attending Physician _____Donor Name _____
SSN _____ DOB ____/____/____
Address _____
City _____ State _____ Zipcode _____
Age _____ Sex _____ Ht. _____ Wt. _____
Race _____ Active Military ☐ Yes ☐ No ☐ Unknown
☐ U.S. Born ☐ Not U.S. Born
Ethnicity _____ How long lived in U.S. _____ yrs.
☐ Hispanic U.S. Citizen ☐ Yes ☐ No
☐ Not Hispanic OriginHLA A _____ B _____ DR _____ C _____
ABO _____ Rh _____ Sub _____Cause of Death(See Codes) _____
Mechanism of Death (See Codes) _____
Circumstances of Death (See Codes) _____
Brain Death Pronounced ☐ Yes ☐ No
Method(s) Used _____
Date/Time ____/____/____ : ____ MD/DO
Date/Time ____/____/____ : ____ MD/DO
M.E./Coroner Case ☐ Yes ☐ No
Permission for donation ☐ Yes ☐ No Case # _____
Restrictions/Denial reason(s) _____Name of M.E./Coroner _____
Date/Time of Contact ____/____/____ : ____ (am/pm)
Autopsy ☐ Yes ☐ No

CONSENT INFORMATION

Donor Card ☐ Yes ☐ No ☐ Unknown Time of Consent ____:____ (am/pm) Request made by: _____
(NOK) _____ Relationship _____
Address: _____ NOK Telephone # (____) _____
Funeral Home: _____

Organ	Consent Requested?	If Not requested, Write reason:	Consent Obtained?	If No, give reason code: (Specify Other)
Kidney.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Liver.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Intestine.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Pancreas.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Heart.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lung.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Tissue.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Consent for Research	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tissue Bank Name _____		
		Tissue Bank Coordinator _____		

Patient Name _____
UNOS ID # _____

OPO ID # _____

UNOS CODES:

Cause of Death

Anoxia
Cerebrovascular/Stroke
Head Trauma
CNS Tumor
Other: _____

Mechanism of Death

Drowning
Seizure
Drug Intoxication
Asphyxiation
Cardiovascular
Electrical
Gunshot Wound
Stab
Blunt Injury
Sudden Infant Death
Intracranial Hemorrhage/Stroke
Other: _____

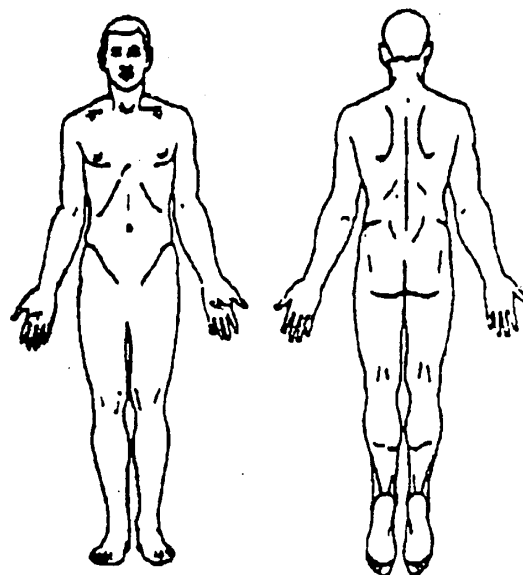
Circumstances of Death

Motor Vehicle Accident
Alleged Suicide
Alleged Homicide
Alleged Child Abuse
Non-Motor Vehicle Accident
Other: _____

OPO ID # _____

[illegible]☐ Cardiac/Respiratory Arrest (downtime)_____☐ Chest Compressions (duration) _____☐ OR Procedures _____☐ Defibrillation

Comments: _____



Patient Name _____
 UNOS ID # _____

OPO ID # _____

INITIAL PHYSICAL ASSESSMENT

Date _____ Time _____ (am/pm)

PULMONARY

Tubes: ☐ Endotracheal ☐ Tracheostomy ☐ Left Chest ☐ Right Chest
 Size _____
 Breath Sounds: ☐ Equal ☐ Unequal ☐ Absent left/right ☐ Wheezes
☐ Clear ☐ Rales left/right ☐ Rhonchi left/right

CARDIOVASCULAR

Lines: ☐ PA cath ☐ CVP ☐ Arterial line
 Heart Rhythm: ☐ Regular ☐ Irregular
 Heart Tones: ☐ Normal ☐ Murmur ☐ Rub
 Periph. Pulses: ☐ Present ☐ 1 2 3 4 ☐ Absent
 Periph. Edema: ☐ Present ☐ 1 2 3 4 ☐ Absent

INTEGUMENTARY

Color: ☐ Norm ☐ Pale ☐ Cyanotic
☐ Warm ☐ Cool Temp. _____
☐ Bruises ☐ Lacerations
☐ Tattoos ☐ Track marks

GASTROINTESTINAL

DPL: ☐ Yes ☐ No Result _____
 Tubes: ☐ NG ☐ Gastrostomy ☐ Surgical drains
 Abdomen: ☐ Incisions ☐ Surgical scars ☐ Other scars (describe below)
☐ Soft ☐ Firm ☐ Non-distended ☐ Distended
☐ + bowel sds ☐ No bowel sds

GENITOURINARY

Urine Volume: ☐ < 100 cc/hr ☐ 100 - 500 cc/hr ☐ > 500 cc/hr ☐ Anuric
 Appearance: ☐ Clear ☐ Cloudy ☐ Hematuria

MUSCULOSKELETAL

Fractures: ☐ Closed ☐ Compound/open ☐ Dressings/splints ☐ Traction ☐ None

DONOR MEDICAL & SOCIAL HISTORY QUESTIONNAIRE

Person Interviewed: _____ Relationship to Deceased: _____

Do you feel that you knew the deceased well enough to answer questions regarding medical/social history? ☐ Yes ☐ No

Person Conducting Interview and Completing Form:

Print Name _____ Title _____
 Signature _____ Date of Interview _____

Name/I.D.# _____ UNOS I.D. #(if Organ Donor) _____

*All potential donors must be screened according to the USPHS current criteria for exclusion of high risk donors.

- | | |
|--|---|
| 1. Did the deceased have any history of heart disease, high blood pressure, or chest pain? Poor circulation especially in the legs? Take any drugs for heart or B/P problems? If so, what? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other |
| 2. Did the deceased suffer from any type of liver disease? Any history of yellow jaundice? Been told they had any type of Hepatitis? Any contact with persons diagnosed with Hepatitis? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other |
| 3. Did the deceased suffer from any type of neurologic or brain disease such as Alzheimer's, seizures, periods of confusion or recent memory loss, history of brain tumor? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other |
| 4. Did the deceased have any kidney related disease? Kidney stones? Frequent infections? Ever been treated with kidney dialysis? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other |

Patient Name _____
 UNOS ID # _____

OPO ID # _____

5. Did the deceased have a history of diabetes? How many years? Required oral medication or insulin injections? How many years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
6. Did the deceased have any history of digestive or intestinal problems? Ever have bloody stools or intestinal surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
7. Did the deceased have any history of arthritis or joint disease? History of broken bones? Any complaints of stiff or sore joints?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
8. Did the deceased have any history of asthma, emphysema, or any lung disease? Ever have a positive skin test for Tuberculosis? Ever treated for TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
9. Has the deceased been seen by a physician or hospitalized in the past two years? What physician and/or what hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
10. Has the deceased ever had cancer or received radiation therapy or drugs for cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
11. Has the deceased ever had any past surgical procedures? Please name them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
12. Has the deceased experienced any periods of explained or unexplained weight loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
13. Did the deceased ever use illegal drugs or other substances? (i.e., cocaine, marijuana)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
14. Has the deceased ever received blood transfusions or blood products prior to this admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
15. Was the deceased ever refused as a blood donor or told not to donate? Why?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
16. Did the deceased ever receive an organ or tissue transplant? (i.e., bone, cornea, skin, heart kidney)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
17. In the past 12 months did the deceased have a tattoo, ear piercing, acupuncture, or accidental needle stick?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
18. Was the deceased vaccinated for Hepatitis B?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
19. In the past 4 weeks was the deceased vaccinated for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
20. Was the deceased ever given human growth hormone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
21. What medications, if any, did the deceased take on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
22. Did the deceased use tobacco products? Cigarettes? Packs/day? For how long? Other tobacco products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
23. Did the deceased drink alcohol? How much? What type? For how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
24. Has the deceased ever been exposed to a toxic substance? (i.e., lead, pesticides)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other

OPO ID # _____

ADDITIONAL COMMENTS: (please refer to question numbers where applicable)

Patient Name _____
 UNOS ID # _____

OPO ID # _____

LAB PROFILE													
9LAB DATA	Admit				Final	URINALYSIS	Initial	Final	CBC & Diff	Admit			Final
Date						Date			Date				
Time						Time			Time				
Na+ (140-160)						Color			RBC				
K+(3.5-5.5)						Appearance			WBC				
Cl- (96-115)						pH			Hgb				
CO ₂						Spec. Grav.			Hct				
BUN (<20)						Protein			Platelets				
Creatinine (<1.5)						Glucose			Segs				
Glucose (65-150)						Blood			Lymphs				
Calcium (8.5-10.5)						RBC			Bands				
Phosphorus (1.8-2.6)	/	/	/	/	/	WBC			Monos				
Bilirubin(tot/dir)						Epith.			Eos				
SGOT(AST) (0-40)						Casts							
SPGT (ALT) (5-35)						Bacteria							
GGT (17-55)													
Alb/Tot Pro						COMMENTS or OTHER LAB RESULTS:							
Mg/Cholest													
Alk Phos (45-110)	/	/	/	/	/								
LDH (90-250)	/	/	/	/	/								
PT (11-15)													
PTT (24-36)													
Amylase (23-851)													
Lipase (0-80)						Creatine Clearance:							
SEROLOGY						MICROBIOLOGY							
P=Positive C=Cannot Disclose N=Negative ND=Not Done U=Unknown I=Indeterminate						CULTURES	DATE	24hr RLT	DATE	48hr RLT	DATE	Final Result	
Pre Transf.		Post				Blood							
Anti-HIV I	P N U C ND I	P N U C ND I				Blood							
Anti-HIV II	P N U C ND I	P N U C ND I				Urine							
Anti-HTLV I	P N U C ND I	P N U C ND I				Sputum GM ST							
Anti-HTLV II	P N U C ND I	P N U C ND I				Sputum							
RPR-VDRL	P N U C ND I	P N U C ND I				CSF							
Anti-CMV	P N U C ND I	P N U C ND I				R. Ureter							
HBsAg	P N U C ND I	P N U C ND I				L. Ureter							
Anti-HBC	P N U C ND I	P N U C ND I				Kidney Basin							
HBsAb	P N U C ND I	P N U C ND I											
Anti-HCV	P N U C ND I	P N U C ND I				Other							
Other	P N U C ND I	P N U C ND I				Comments							

Patient Name:

UNOS ID#

AVERAGE TOTAL

• PULSE
X TEMP.

BP

∨ SYSTOLIC
∧ DIASTOLIC

DATE
TIME

105° 240
104° 220
103° 180
102° 160
101° 140
100° 120
99° 100
98.6°
97° RU
96° 60

RHYTHM

CVP

PA/WEDGE

C.O.

DOPAMINE

IN-TAKE

URINE OUTPUT

DATE/TIME

pH

CO₂/O₂

HCO₃/Sat

FiO₂/Rate

TV/PEEP

Patient Name _____
 UNOS ID # _____

OPO ID # _____

HEMODYNAMICS/TEMPERATURE

Date/Time / :	Admit								
Average B/P									
Heart Rate									
High B/P									
Duration									
Low B/P									
Duration									
CVP									
PA									
PAWP									
CO/CI									
Temp									
Inotropes/vasopressors									
Dosage									

INTAKE

OUTPUT

Date	Time	Crystalloid Amount	Colloid Amount	Total Blood Products	24 Hr. Total/ Hr. Avg.	24 Hr. Urine Output/ Hr. Avg.	Other Amt: Non-Urine Output	24 Hr. Total Urine and Non-Urine Output	Lowest U.O. per Hr. & duration
	:								
	:								
	:								
	:								
	:								

Describe Blood Products (type & amount) _____

MEDS/OTHER DRUGS

Medications	Date/Time Started	Dosage	Peak Dose/Duration	Date/Time Stopped
	/ :			/ :
	/ :			/ :
	/ :			/ :
	/ :			/ :
	/ :			/ :
	/ :			/ :
	/ :			/ :
	/ :			/ :

Patient Name _____
 UNOS ID # _____

OPO ID # _____

CARDIAC DATA

EKG

Date / Time _____ / _____ : _____ Consulting Physician _____
 Interpretation _____

ECHO

Date / Time _____ / _____ : _____ Consulting Physician _____
 Interpretation _____

CVP _____ E/F _____ BP _____ / _____ HR _____ Heart Rhythm _____

Pressors ☐ Yes ☐ No Drug _____ Dosage _____ Consulting Physician _____

ANGIOGRAPHY

Date / Time _____ / _____ : _____ Consulting Physician _____
 Interpretation _____

PULMONARY DATA

CXR Date / Time _____ / _____ : _____ Interpretation/Comment _____

Change from previous CXR ☐ Yes ☐ No

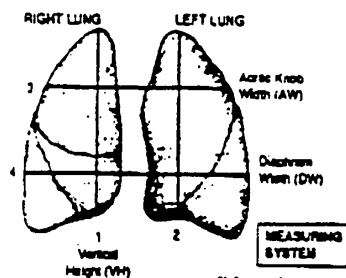
CXR Date / Time _____ / _____ : _____ Interpretation/Comment _____

Change from previous CXR ☐ Yes ☐ No

BRONCHOSCOPY

Date / Time _____ / _____ : _____ Consulting Physician _____
 Interpretation _____

CHEST MEASUREMENTS



1. Length of Right Lung _____
2. Length of Left Lung _____
3. Aortic Knob Width _____
4. Diaphragm Width _____
5. Chest Circ./Landmark _____
6. Dist. RCPA to LCPA _____
7. Total Lung Capacity _____
8. Vital Capacity _____

Males

TLC = (0.094 x Ht. CM) - (0.015 x Age in Yrs.) - 9.167
 VC = (0.064 x Ht. CM) - (0.031 x Age in Yrs.) - 5.335

Females

TLC = (0.079 x Ht. CM) - (0.008 x Age in Yrs.) - 7.49
 VC = (0.052 x Ht. CM) - (0.018 x Age in Yrs.) - 4.36
 [1 inch = 2.54 cms]

ARTERIAL BLOOD GASES

DATE/TIME	pH	pCO ₂	pO ₂	HCO ₃	O ₂ Sat	FiO ₂	Rate	TV	PEEP	PiP
/ :										
/ :										
/ :										
/ :										
/ :										
/ :										
/ :										
/ :										


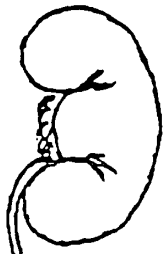
OPO ID # _____

INTRAOPERATIVE MANAGEMENT			
Enter OR Date/Time	/ :	Circle Zone (EST) (CST) (MT) (PST)	
Incision Date/Time	/ :	Circle Zone (EST) (CST) (MT) (PST)	
Clamp Date/Time	/ :	Circle Zone (EST) (CST) (MT) (PST)	
Exit OR Date/Time	/ :	Circle Zone (EST) (CST) (MT) (PST)	
Average BP: _____ Low BP: _____ Duration: _____ High BP: _____ Duration: _____ Average HR: _____ Low HR: _____ Duration: _____ High HR: _____ Duration: _____ Average Urine Output _____ cc/hr Last Hour Urine Output _____ cc/hr Total Urine Output in OR _____ cc/hr			
Medications: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Heparin Dosage/Time _____ : _____ <input type="checkbox"/> Thorazine Dosage/Time _____ : _____ <input type="checkbox"/> Mannitol Dosage/Time _____ : _____ <input type="checkbox"/> Lasix Dosage/Time _____ : _____ <input type="checkbox"/> Solumedrol Dosage/Time _____ : _____ <input type="checkbox"/> Other _____ Dosage/Time _____ : _____ <input type="checkbox"/> Other _____ Dosage/Time _____ : _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Vasodilators Drug _____ Dosage/Time _____ : _____ <input type="checkbox"/> Vasopressors Drug _____ Dosage/Time _____ : _____ <div style="margin-left: 100px;">Drug _____ Dosage/Time _____ : _____</div> <div style="margin-left: 100px;">Drug _____ Dosage/Time _____ : _____</div> <div style="margin-left: 100px;">Drug _____ Dosage/Time _____ : _____</div> <input type="checkbox"/> Blood Products Type/Volume _____ / _____ <input type="checkbox"/> Blood Products Type/Volume _____ / _____ <input type="checkbox"/> Crystalloids Type/Volume _____ / _____ </div> </div>			
Comments: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>			
OR TEAMS			
HEART	HEART / LUNG	RIGHT LUNG	LEFT LUNG
LIVER	KIDNEYS	PANCREAS	OTHERS:
ANESTHESIA	CIRCULATOR	SCRUBS	OTHERS:

Patient Name _____
 UNOS ID # _____

OPO ID # _____

Clamp Date/Time ____/____/____ Circle Zone (EST)(CST)(MT)(PST) Warm Ischemic Time ☐ Yes ☐ No Duration _____
 Insitu Flush ☐ Yes ☐ No Flush Solution _____ Volume _____ Flush Characteristics ☐ 1 - ☐ 2 - ☐ 3 - ☐ 4 -
 Storage Solution _____ Backtable Flush ☐ Yes ☐ No Volume _____ En Bloc ☐ Yes ☐ No
 Typing Materials: ☐ Nodes ☐ Spleen ☐ Blood Clot ☐ Cell Prep ☐ T Cell ☐ B Cell
 Nephrectomy Surgeon _____ Assistant Surgeon _____

RIGHT KIDNEY	RIGHT	RENAL ANATOMY	LEFT	LEFT KIDNEY
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aortic plaque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arterial plaque	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Infarcted area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Capsule Tear	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subcapsular hematoma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cysts/dyscoloration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BIOPSY <input type="checkbox"/> Yes <input type="checkbox"/> No				BIOPSY <input type="checkbox"/> Yes <input type="checkbox"/> No

RIGHT KIDNEY ANATOMY	LEFT KIDNEY ANATOMY
<input type="checkbox"/> Txp <input type="checkbox"/> Rsrch <input type="checkbox"/> Disc <input type="checkbox"/> Not Recovered	<input type="checkbox"/> Txp <input type="checkbox"/> Rsrch <input type="checkbox"/> Disc <input type="checkbox"/> Not Recovered
Length cm Width cm Artery(s) # _____ Distance apart _____ Aortic Cuff <input type="checkbox"/> Yes <input type="checkbox"/> No Are multiple arteries on a common cuff? <input type="checkbox"/> Yes <input type="checkbox"/> No Length cm cm cm Diameter mm mm mm Vein(s) # _____ Distance apart _____ Full Vena Cava <input type="checkbox"/> Yes <input type="checkbox"/> No Length cm cm cm Diameter mm mm mm Ureter Single/Double Length cm cm cm Abnormalities <input type="checkbox"/> Yes <input type="checkbox"/> No Surgical Damages <input type="checkbox"/> Yes <input type="checkbox"/> No Biopsy Results: _____ Comments: _____	Length cm Width cm Artery(s) # _____ Distance apart _____ Aortic Cuff <input type="checkbox"/> Yes <input type="checkbox"/> No Are multiple arteries on a common cuff? <input type="checkbox"/> Yes <input type="checkbox"/> No Length cm cm cm Diameter mm mm mm Vein(s) # _____ Distance apart _____ Patch of Cava <input type="checkbox"/> Yes <input type="checkbox"/> No Length cm cm cm Diameter mm mm mm Ureter Single/Double Length cm cm cm Abnormalities <input type="checkbox"/> Yes <input type="checkbox"/> No Surgical Damages <input type="checkbox"/> Yes <input type="checkbox"/> No Biopsy Results: _____ Comments: _____

Recovery Coordinator _____

Signature of Surgeon _____

Patient Name _____
UNOS ID # _____

OPO ID # _____

HEART DATA ☐ Transplanted ☐ Valves ☐ Research ☐ Discarded ☐ Not Recovered/Reason _____
 Flush Solution _____ Volume _____ Storage Solution _____ Volume _____
 Anatomical Abnormality ☐ Yes ☐ No Comments _____
 Surgical Damage ☐ Yes ☐ No Comments _____
 Recovering Surgeon _____ Transplant Program _____ Time Recovered _____ (am/pm)

LUNG DATA ☐ Transplanted ☐ Research ☐ Discarded ☐ Not Recovered/Reason _____
 Flush Solution _____ Volume _____ Storage Solution _____ Volume _____
 Anatomical Abnormality ☐ Yes ☐ No Comments _____
 Surgical Damage ☐ Yes ☐ No Comments _____
 Rt. Lung Recov Surgeon _____ Transplant Program _____ Time Recovered _____ (am/pm)
 Lt. Lung Recov Surgeon _____ Transplant Program _____ Time Recovered _____ (am/pm)

PANCREAS DATA ☐ Transplanted ☐ Islet Cells ☐ Research ☐ Discarded ☐ Not Recovered/Reason _____
 Aortic Flush Start Time _____ (am/pm) Solution _____ Volume _____ Char 1 2 3 4
 Splenic Flush (in pan) Start Time _____ (am/pm) Solution _____ Volume _____ Char 1 2 3 4
 S.M.A. (in pan) Start Time _____ (am/pm) Solution _____ Volume _____ Char 1 2 3 4
 Whole ☐ Yes ☐ No Celiac ☐ Yes ☐ No Spleen attached ☐ Yes ☐ No Portal Vein ☐ Yes ☐ No
 Anatomical Abnormality ☐ Yes ☐ No Comments _____
 Surgical Damage ☐ Yes ☐ No Comments _____
 Recovering Surgeon _____ Transplant Program _____ Time Recovered _____ (am/pm)

LIVER DATA ☐ Transplanted ☐ Research ☐ Discarded ☐ Not Recovered/Reason _____
 Aortic Flush Start Time _____ (am/pm) Solution _____ Volume _____ Char 1 2 3 4
 Portal Start Time _____ (am/pm) Solution _____ Volume _____ Char 1 2 3 4
 Precool Time Start Time _____ (am/pm) Solution _____ Volume _____ Char 1 2 3 4
 Backtable Flush _____ (am/pm) Solution _____ Volume _____ Char 1 2 3 4
 Anatomical Abnormality ☐ Yes ☐ No Comments _____
 Surgical Damage ☐ Yes ☐ No Comments _____
 Biopsy ☐ Yes ☐ No Comments _____
 Vessels Sent ☐ Yes ☐ No Comments _____
 Gall Bladder Incised ☐ Yes ☐ No Comments _____
 Gall Bladder Flushed ☐ Yes ☐ No Comments _____
 Right Hepatic Branch ☐ Yes ☐ No Comments _____
 Recovering Surgeon _____ Transplant Program _____ Time Recovered _____ (am/pm)

TISSUE DATA	RECOVERED		EXPLANATION IF NO	TECHNICIAN/ TISSUE BANK
	YES	NO		
Corneas/Eyes				
Skin				
Bone/Tendon				
Saphenous Vein (indicate #)				
Heart Valve				
Other				

Recovery Coordinator: _____

ORA: _____

Patient Name _____
 UNOS ID # _____

OPO ID # _____

DISPOSITION	LEFT KIDNEY	RIGHT KIDNEY	PANCREAS
Transplant Center			
Recipient Name			
Age/Sex/Race/DOB			
SSN/HIC#			
Date of Transplant/CIT			
Diabetic			
Transplant Number			
ABO/HLA/PRA			
Function of Organ			
Social History			

DISPOSITION	LIVER	LUNG		HEART	SMALL BOWEL
		LEFT	RIGHT		
Transplant Center					
Recipient Name					
Age/Sex/Race/DOB					
SSN/HIC#					
Date Of Transplant/CIT					
Diabetic					
Transplant Number					
ABO/HLA/PRA					
Function of Organ					
Diagnosis					
Social History					

Recovery Coordinator: _____
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